

causes for chronic interstitial nephritis, the evidence supporting an immunologic basis is less compelling. A feature common to many of the proposed causes of chronic tubulo-interstitial disease is the associated renal medullary damage. This is best recognized in conditions such as analgesic nephropathy, urinary tract obstruction with reflux, diabetic nephropathy, sickle cell disease, Balkan nephropathy and various other diseases of the kidney. The contribution of bacterial infection to the incidence of chronic interstitial disease is in dispute. "Present evidence indicates that bacterial infections of the urinary tract can produce serious renal disease only when associated with other conditions that are by themselves damaging to the kidney and act to increase the susceptibility of the kidney to infection"; so state Freedman and Andriole.¹ For completeness, several of the congenital metabolic defects have associated renal lesions which are tubulo-interstitial in character—Wilson disease, the Alport syndrome, primary hyperoxaluria and cystinosis. Finally, gouty nephropathy, nephrocalcinosis, hyperphosphatemia, heavy metal poisonings (chronic), disseminated intravascular coagulopathy and radiation nephritis all result in tubulo-interstitial disease of varying severity.

By and large, as pointed out by Dr. Cogan, treatment has remained symptomatic, although a recent report from Galpin and co-workers² suggests that short-term high dose steroid therapy may speed the recovery of renal function following drug induced acute tubulo-interstitial nephropathy. The problem of analgesic nephropathy continues to be distressing because it is a totally preventable entity provided it is recognized early and the patient will abstain from further analgesic abuse. Often the psychological dependence defeats attempts to withdraw the analgesic and there are multiple examples in every nephrologist's practice of patients who have received renal transplantation or who are undergoing dialysis for a disease for which we not only understand the cause but also the means of prevention.

Much information concerning tubulo-interstitial disease has been collected in the last 20 years, but unanswered questions still remain. Are many of the cases of chronic tubulo-interstitial disease examples of recurrent acute episodes that are subclinical? What is the role of environmental exposure in causing interstitial disease of the kidney? What explains the pronounced geographic discrepancies in the worldwide distribution of

analgesic nephropathy? It is hoped that when a Medical Staff Conference in THE WESTERN JOURNAL OF MEDICINE next addresses tubulo-interstitial nephritis, some of these questions can be answered.

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REFERENCES

1. Freedman LR, Andriole VA: The long-term follow-up of women with urinary tract infections. *Proc Fifth Internat'l Congr Nephrology*, Mexico City, 1972. Basel, Karger, 1974, pp 158-164
2. Galpin JE, Shinaberger JH, Stanley TM, et al: Acute interstitial nephritis due to methicillin. *Am J Med* 65:756-765, 1978

Discrimination in High Places

YET ANOTHER INCREASE in the Social Security tax in January of this year again focuses attention on the behemoth which seems to take so much from us and to give so little in return. Its promise as a retirement system providing lifelong security is proving to be a tragic disappointment if not a hoax to those who depend upon its retirement benefits to survive in an economy of runaway inflation. Medicare has become a generally welcome benefit equally for rich and poor. The role of Social Security welfare has been the subject of much criticism. Its principle is that those who are working are taxed to provide benefits to retirees and to other beneficiaries who are in need of one or another kind of welfare aid. The result is something of a hodgepodge of earned and unearned benefits financed by some but not all who work.

It surely seems that if the social security provided by this system with its ever increasing tax were good for some Americans it would be good for all and that all who work should be required to participate. But this is not the case. Those who should know best, the federal employees, who number among the millions, have succeeded in remaining outside the system for all these years and pay no Social Security tax. It would seem that this is something like discrimination in high places, if what is good enough for the public is not good enough for those whom the public pays to work in the federal government. It sticks in this craw.

—MSMW